



SOUTH  
AUSTRALIA  
MEDICAL  
IMAGING

PATIENT MRN: 000684756  
PATIENT NAME: MURIS BORIC  
DATE OF BIRTH: 11/11/1985  
STUDY DATE: 09/03/2022 STUDY TIME: 04:43 PM  
REFERRING DR: CHACKO,SUJITH,471887AK,LMH  
WARD | UNIT: LMH Outpatient | Cardiology

**EXAMINATION:**

Study: MR Cardiac Perfusion  
Procedure(s): 99MRCAPERF - MR Cardiac Perfusion Routine Non Medicare Claimable  
MR491 - MR Contrast

**CLINICAL DETAILS:**

? vaccine induced pericarditis. Rule out myocardial involvement.

**COMPARISON STUDY/REPORT:**

None available at time of report

**TECHNIQUE:**

Height: ...	BP: ...	eGFR: ...
Weight: ...	HR: ...	Contrast: ...

**FINDINGS:**

**Cardiac Indices:** (Normal male ranges in brackets)

Left Ventricle	Right Ventricle
EDV (102 – 218) 160 ml	EDV (124 – 256) ... ml
ESV (18 – 82) 58 ml	ESV (38 – 118) ... ml
SV (74 – 150) 102 ml	SV (75 – 151) ... ml
EF (57 – 81) 64 %	EF (47 – 71) ... %
Total mass (81 – 165) 139 g	Total mass (25 – 57) ... g

**Anatomical Findings:** Normal cardiac chamber dimensions. No pericardial effusion or pericardial thickening evident. There is no mediastinal mass or adenopathy, the major vessels appearing normal. No axillary adenopathy appreciated.

Extracardiac structures otherwise are unremarkable. Distended stomach noted.

No myocardial oedema identified on the T2 fat sat sequences.

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**Functional Appearance:** ...

**Perfusion:** No rest perfusion defect appreciated. Rim artefact in the interventricular septum is appreciated at mid ventricular level.

**Delayed Hyper Enhancement:** No delayed hyperenhancement identified.

**Sequences:** ...

**CONCLUSION:**

Examination within normal limits. No evidence of post vaccine myocarditis identified.

Reported by Dr B Lorraine and Dr L Huynh.

**REPORTED BY:** LUAN HUYNH, Cardiologist, 15/03/2022 12:15 PM